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0001/PTQ	U.S. Department of Patent and Trade	Application Number			09/649,120				
TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)			Filing Date			August 28, 2000			
			First Named Inventor			Thierry Laurent			
			Group Art Unit Number			2141			
			Exar	nine	Name	April L. Baugh			
Total Number of Pa	ges in This Submission	4	Attorney Docket Number			61628-06958			
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Power of Attor	ney			Appeal Communication to Group					
Application Da	ita Sheet			(Appeal Notice, Brief, Reply Brief)					
Information Di	sclosure Statement & PT	O/SB/08A	Certified Copy of Priority Document(s)						
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Request for Correction of Recorded Assignment									
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Request to Withdraw as Attorney (in triplicate)				DEC 2 8 2004					
Revocation an	nd Substitute Power of At	torney						ı	
						Te	chnology Center 21	ID.	
REMARKS:									
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Signature:	JPRIL	4							
Attorney/Reg. No.: Stuart P. Meyer, Reg. No. 33,426						Dated:	December / 5, 2004		
		CERTIFIC	ATE	OF	MAILING		*	-	
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.									
Typed or Printed Name: Linga McGuire Dated: December 15, 2004						1			
Express Mail Mailing Number (optional):									

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/649,120			
Filing Date	August 28, 2000			
First Named Inventor	Thierry Laurent			
Group Art Unit	2141			
.Examiner Name	April L. Baugh			
Attorney Docket Number	61628-06958			

DEC 2 0 2004

To appear hissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment

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1. The corresponden	. The correspondence address is NOT affected by this withdrawal.								
2. Change the corres	spondence address and direct all futu	re correspor	ndence to:						
Firm <i>or</i> Individual Name	Christopher T. Tobin Collier Shannon Scott PLLC								
Address	Washington Harbour, Suite 400								
Address	3050 K Street, NW								
City	Washington	State	D.C.	Zip	20007				
Country	USA .								
Telephone	(202) 342-8508 Fax (202) 365-3515								
 ☑ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☑ the attorneys/agents associated with Customer Number									
Name	Stuart P. Meyer								
Signature	JORNY								
Date	December/ 7, 2004								
Unless there are at least 30	tive when approved rather than when O days between approval of withdraw sible extension period, the request to	al and the ex			1				